

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (If known): _____ Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Sarah

First name

Middle name

Goldstein

Last name

Suffix (Sr., Jr, II, III)

First name

Middle name

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 9 5 3 0

OR

9xx - xx - ____ ____ ____ ____

xxx - xx - ____ ____ ____ ____

OR

9xx - xx - ____ ____ ____ ____

Debtor 1

Sarah

Goldstein

First Name

Middle Name

Last Name

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN

EIN

EIN

EIN

5. Where you live

115 N Main St Apt 4

Number

Street

Sellersville, PA 18960-2357

City

State

ZIP Code

Bucks

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number

Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number

Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number

Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1 Sarah Goldstein Case number (if known) _____
First Name Middle Name Last Name

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

8. **How you will pay the fee**
- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**
- ☒ No.
- ☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- ☒ No.
- ☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. **Do you rent your residence?**
- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Sarah** **Goldstein** Case number (if known) _____
 First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

 Name of business, if any

 Number Street

 City State ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

Sarah

Goldstein

First Name

Middle Name

Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Sarah

Goldstein

First Name

Middle Name

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

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☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Sarah** **Goldstein** Case number (if known) _____
 First Name Middle Name Last Name

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

- ☒ No. I am not filing under Chapter 7. Go to line 18.
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☐ No
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18. How many creditors do you estimate that you owe?

- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☒ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☒ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Sarah Goldstein

Sarah Goldstein, Debtor 1

Executed on 01/18/2024

MM/ DD/ YYYY

Debtor 1

Sarah

First Name

Middle Name

Goldstein

Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Michael A. Cibik

Signature of Attorney for Debtor

Date 01/18/2024

MM / DD / YYYY

Michael A. Cibik

Printed name

Cibik Law, P.C.

Firm name

1500 Walnut Street Suite 900

Number Street

Philadelphia

City

PA

State

19102

ZIP Code

Contact phone (215) 735-1060

Email address mail@cibiklaw.com

23110

Bar number

PA

State

Fill in this information to identify your case and this filing:

Debtor 1 Sarah Goldstein
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
 First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here



\$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: BMW Who has an interest in the property? Check one.
 Model: X3 ☒ Debtor 1 only
 Year: 2020 ☐ Debtor 2 only
 Approximate mileage: 45,000 ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$18,511.00</u>	<u>\$18,511.00</u>

Other information:

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

Debtor Goldstein, Sarah

Case number (if known) _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

**\$18,511.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.

Various used pieces of furniture, furnishings, appliances, linens, and other similar items, each valued at \$600 or less.

\$1,000.00

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.

Various used televisions, mobile devices, and computers, each valued at \$600 or less.

\$500.00

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.

11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.

Various used articles of clothing, shoes, and accessories, each valued at \$600 or less.

\$1,000.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.

Various used pieces of jewelry.

\$200.00

Debtor Goldstein, Sarah

Case number (if known) _____

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

- ☒ No
☐ Yes. Describe:

14. **Any other personal and household items you did not already list, including any health aids you did not list**

- ☒ No
☐ Yes. Give specific information:

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**



\$2,700.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☒ No
☐ Yes Cash:

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes

Institution name:

17.1. Checking account:

Wells Fargo

\$2,500.00

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☐ No
☒ Yes. Give specific information about them:

Name of entity:

% of ownership:

Dental Care Creative Arts and Cosmetics Studio PC

100.00%

unknown

Merion Dental Group LLC

100.00%

unknown

Debtor Goldstein, Sarah

Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each account separately.**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

Debtor Goldstein, Sarah

Case number (if known) _____

Money or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.									
<p>28. Tax refunds owed to you</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give specific information about them, including whether you already filed the returns and the tax years.</p>										
<p>29. Family support</p> <p><i>Examples:</i> Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give specific information.</p>										
<p>30. Other amounts someone owes you</p> <p><i>Examples:</i> Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give specific information.</p>										
<p>31. Interests in insurance policies</p> <p><i>Examples:</i> Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Name the insurance company of each policy and list its value. ...</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;">Company name:</th> <th style="width: 30%;">Beneficiary:</th> <th style="width: 30%;">Surrender or refund value:</th> </tr> </thead> <tbody> <tr> <td><u>Nationwide Life Insurance (Whole Life)</u></td> <td><u>Cousin</u></td> <td><u>\$700.00</u></td> </tr> <tr> <td><u>Transamerica Life Insurance (Whole Life)</u></td> <td><u>Sibling</u></td> <td><u>\$3,000.00</u></td> </tr> </tbody> </table>		Company name:	Beneficiary:	Surrender or refund value:	<u>Nationwide Life Insurance (Whole Life)</u>	<u>Cousin</u>	<u>\$700.00</u>	<u>Transamerica Life Insurance (Whole Life)</u>	<u>Sibling</u>	<u>\$3,000.00</u>
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<u>Transamerica Life Insurance (Whole Life)</u>	<u>Sibling</u>	<u>\$3,000.00</u>								
<p>32. Any interest in property that is due you from someone who has died</p> <p>If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give specific information.</p>										
<p>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment</p> <p><i>Examples:</i> Accidents, employment disputes, insurance claims, or rights to sue</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Describe each claim.</p>										
<p>34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Describe each claim.</p>										
<p>35. Any financial assets you did not already list</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give specific information.</p>										

Debtor Goldstein, Sarah

Case number (if known) _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$6,200.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 →

\$0.00

56. Part 2: Total vehicles, line 5 \$18,511.00

57. Part 3: Total personal and household items, line 15 \$2,700.00

58. Part 4: Total financial assets, line 36 \$6,200.00

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61.

\$27,411.00

Copy personal property total →

+ \$27,411.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$27,411.00

Fill in this information to identify your case:

Debtor 1 Sarah Goldstein
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
 First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number
 (if known) _____

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 2020 BMW X3 Line from Schedule A/B: 3.1	\$18,511.00	<input checked="" type="checkbox"/> \$4,450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
		<input checked="" type="checkbox"/> \$5,061.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Various used pieces of furniture, furnishings, appliances, linens, and other similar items, each valued at \$600 or less. Line from Schedule A/B: 6	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 Sarah Goldstein Case number (if known) _____
First Name Middle Name Last Name

Part 2: Additional Page

3. **Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Debtor 1 **Sarah** **Goldstein** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Various used televisions, mobile devices, and computers, each valued at \$600 or less. Line from Schedule A/B: <u>7</u>	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Various used articles of clothing, shoes, and accessories, each valued at \$600 or less. Line from Schedule A/B: <u>11</u>	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Various used pieces of jewelry. Line from Schedule A/B: <u>12</u>	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: Wells Fargo Checking account Line from Schedule A/B: <u>17</u>	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Transamerica Life Insurance (Whole Life) Line from Schedule A/B: <u>31</u>	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(8)
Brief description: Nationwide Life Insurance (Whole Life) Line from Schedule A/B: <u>31</u>	\$700.00	<input checked="" type="checkbox"/> \$700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(8)

Fill in this information to identify your case:

Debtor 1 Sarah Goldstein
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 BMW Financial Services Creditor's Name Attn: Bankruptcy/Correspondence PO Box 3608 Number Street Dublin, OH 43016-0306 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____	Describe the property that secures the claim: <u>\$9,000.00</u> <div>2020 BMW X3</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$18,511.00</u>	<u>\$0.00</u>

Add the dollar value of your entries in Column A on this page. Write that number here: \$9,000.00

Debtor 1

Sarah

Goldstein

Case number (if known) _____

First Name

Middle Name

Last Name

	Additional Page	Column A	Column B	Column C
		Amount of claim	Value of collateral that supports this claim	Unsecured portion
		Do not deduct the value of collateral.		If any
Part 1:	<p>After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.</p>			
2.2	<p>Describe the property that secures the claim: _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p>			
	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>			
	<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>	\$0.00		
	<p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</p>	\$9,000.00		

Fill in this information to identify your case:

Debtor 1 Sarah Goldstein
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name

Last 4 digits of account number _____

When was the debt incurred? _____

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1

Sarah**Goldstein**

Case number (if known)

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	Barclays Bank	Last 4 digits of account number	0 4 5 7	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	5/1/2016	
	Attn: Bankruptcy			
	P.O. Box 8801			
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Wilmington, DE 19899-8801	<input type="checkbox"/> Contingent		
	City State ZIP Code	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify CreditCard		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.2	Brksb/cbna	Last 4 digits of account number	0 3 7 8	\$1,015.00
	Nonpriority Creditor's Name	When was the debt incurred?	8/1/2023	
	Po Box 6497			
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Sioux Falls, SD 57117	<input type="checkbox"/> Contingent		
	City State ZIP Code	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify CreditCard		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1 Sarah Goldstein Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3 CFNA/Credit First Natl Assoc Last 4 digits of account number 0 8 1 6 \$0.00

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 81315

Number Street

Cleveland, OH 44181-0315

City State ZIP Code

When was the debt incurred? 4/1/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify ChargeAccount

Is the claim subject to offset?

- ☒ No
☐ Yes

4.4 Chase Card Services Last 4 digits of account number 5 2 0 9 \$7,513.00

Nonpriority Creditor's Name

Attn: Bankruptcy

P.O. 15298

Number Street

Wilmington, DE 19850

City State ZIP Code

When was the debt incurred? 11/1/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CreditCard

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5 Chase Card Services Last 4 digits of account number 7 2 8 9 **\$0.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

P.O. 15298

Number Street

Wilmington, DE 19850

City State ZIP Code

When was the debt incurred? 12/1/2010

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No

☐ Yes

4.6 Chase Card Services Last 4 digits of account number 7 8 8 1 **\$0.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

P.O. 15298

Number Street

Wilmington, DE 19850

City State ZIP Code

When was the debt incurred? 7/1/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No

☐ Yes

4.7 Chase Card Services Last 4 digits of account number 0 0 0 8 **\$0.00**

Nonpriority Creditor's Name

Attn: Bankruptcy

P.O. 15298

Number Street

Wilmington, DE 19850

City State ZIP Code

When was the debt incurred? 9/1/2008

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.8	Chase Card Services Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298 Number Street Wilmington, DE 19850 City State ZIP Code	Last 4 digits of account number <u>2 3 5 8</u> When was the debt incurred? <u>4/1/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.9	Citibank/Best Buy Nonpriority Creditor's Name Citicorp Cr Svcs/Centralized Bankruptcy PO Box 790040 Number Street St Louis, MO 63179-0040 City State ZIP Code	Last 4 digits of account number <u>0 4 9 7</u> When was the debt incurred? <u>8/23/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.10	Citibank/Best Buy Nonpriority Creditor's Name Citicorp Cr Svcs/Centralized Bankruptcy PO Box 790040 Number Street St Louis, MO 63179-0040 City State ZIP Code	Last 4 digits of account number <u>6 8 1 8</u> When was the debt incurred? <u>8/13/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	Citibank/Best Buy	Last 4 digits of account number	7 0 5 0	\$0.00
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Nonpriority Creditor's Name

Citicorp Cr Svcs/Centralized Bankruptcy

PO Box 790040

Number Street

St Louis, MO 63179-0040

City State ZIP Code

When was the debt incurred? 2/1/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

4.12	Comenity Bank/Talbots	Last 4 digits of account number	3 9 0 3	\$228.00
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Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 182125

Number Street

Columbus, OH 43218

City State ZIP Code

When was the debt incurred? 2/12/2005

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

4.13	Comenity Bank/Talbots	Last 4 digits of account number	3 9 0 3	\$228.00
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Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 182125

Number Street

Columbus, OH 43218

City State ZIP Code

When was the debt incurred? 2/1/2005

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Sarah Goldstein Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.14	Comenity Bank/Victoria Secret Nonpriority Creditor's Name Attn: Bankruptcy PO Box 182125 Number Street Columbus, OH 43218 City State ZIP Code	Last 4 digits of account number <u>0 2 7 8</u> When was the debt incurred? <u>5/1/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$0.00</u>
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u></p>	
4.15	Comenitycapital/Ulta Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 182125 Number Street Columbus, OH 43218 City State ZIP Code	Last 4 digits of account number <u>4 3 2 6</u> When was the debt incurred? <u>5/14/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$0.00</u>
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	
4.16	Discover Student Loans Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30948 Number Street Salt Lake City, UT 84130-0948 City State ZIP Code	Last 4 digits of account number <u>6 0 2 0</u> When was the debt incurred? <u>1/1/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$0.00</u>
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u></p>	

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17	Dsnb Bloomingdales	Last 4 digits of account number	7 0 9 1	\$0.00
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Nonpriority Creditor's Name

Attn: Recovery "Bk"

PO Box 9111

Number Street

Mason, OH 45040

City State ZIP Code

When was the debt incurred? 6/1/2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify ChargeAccount

Is the claim subject to offset?

- ☒ No
- ☐ Yes

4.18	Macys/fdsb	Last 4 digits of account number	4 0 6 0	\$0.00
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Nonpriority Creditor's Name

Attn: Bankruptcy

9111 Duke Boulevard

Number Street

Mason, OH 45040

City State ZIP Code

When was the debt incurred? 7/1/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify ChargeAccount

Is the claim subject to offset?

- ☒ No
- ☐ Yes

4.19	Macys/fdsb	Last 4 digits of account number	4 4 7 1	\$0.00
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Nonpriority Creditor's Name

Attn: Bankruptcy

9111 Duke Boulevard

Number Street

Mason, OH 45040

City State ZIP Code

When was the debt incurred? 11/1/2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify ChargeAccount

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.20	Macys/fdsb	Last 4 digits of account number	9 0 2 4	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	9/2/2018	
	Attn: Bankruptcy			
	9111 Duke Boulevard	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Mason, OH 45040	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify ChargeAccount		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.21	MOHELA	Last 4 digits of account number	0 0 0 7	\$70,831.00
	Nonpriority Creditor's Name	When was the debt incurred?	8/1/2009	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.22	MOHELA	Last 4 digits of account number	0 0 2 1	\$48,127.00
	Nonpriority Creditor's Name	When was the debt incurred?	7/1/2011	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23	MOHELA	Last 4 digits of account number	0 0 1 9	\$44,540.00
	Nonpriority Creditor's Name	When was the debt incurred?	7/1/2010	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.24	MOHELA	Last 4 digits of account number	0 0 0 4	\$30,813.00
	Nonpriority Creditor's Name	When was the debt incurred?	8/1/2009	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.25	MOHELA	Last 4 digits of account number	0 0 0 6	\$30,124.00
	Nonpriority Creditor's Name	When was the debt incurred?	12/1/2009	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.26	MOHELA	Last 4 digits of account number	0 0 1 4	\$28,931.00
	Nonpriority Creditor's Name	When was the debt incurred?	7/1/2010	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.27	MOHELA	Last 4 digits of account number	0 0 1 5	\$28,214.00
	Nonpriority Creditor's Name	When was the debt incurred?	12/1/2010	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.28	MOHELA	Last 4 digits of account number	0 0 1 7	\$27,238.00
	Nonpriority Creditor's Name	When was the debt incurred?	7/1/2011	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	MOHELA	Last 4 digits of account number	0 0 2 3	\$26,517.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		12/1/2011		
633 Spirit Dr		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Chesterfield, MO 63005-1243		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.30	MOHELA	Last 4 digits of account number	0 0 2 0	\$23,750.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		5/1/2011		
633 Spirit Dr		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Chesterfield, MO 63005-1243		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.31	MOHELA	Last 4 digits of account number	0 0 1 3	\$23,127.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		5/1/2010		
633 Spirit Dr		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Chesterfield, MO 63005-1243		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.32	MOHELA	Last 4 digits of account number	0 0 1 6	\$21,817.00
	Nonpriority Creditor's Name	When was the debt incurred?	5/1/2011	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.33	MOHELA	Last 4 digits of account number	0 0 1 8	\$21,715.00
	Nonpriority Creditor's Name	When was the debt incurred?	5/1/2010	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.34	MOHELA	Last 4 digits of account number	0 0 0 2	\$20,155.00
	Nonpriority Creditor's Name	When was the debt incurred?	7/1/2009	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.35	MOHELA	Last 4 digits of account number	0 0 0 5	\$6,029.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		12/1/2009		
633 Spirit Dr		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Chesterfield, MO 63005-1243		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input type="checkbox"/> Other. Specify _____				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.36	MOHELA	Last 4 digits of account number	0 0 0 3	\$6,029.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		8/1/2009		
633 Spirit Dr		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Chesterfield, MO 63005-1243		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input type="checkbox"/> Other. Specify _____				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.37	MOHELA	Last 4 digits of account number	0 0 0 1	\$6,029.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		7/1/2009		
633 Spirit Dr		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Chesterfield, MO 63005-1243		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input type="checkbox"/> Other. Specify _____				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.38	MOHELA	Last 4 digits of account number	0 0 0 8	\$5,984.00
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Nonpriority Creditor's Name

Attn: Bankruptcy

633 Spirit Dr

Number Street

Chesterfield, MO 63005-1243

City State ZIP Code

When was the debt incurred?

5/1/2010

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

4.39	MOHELA	Last 4 digits of account number	0 0 1 2	\$5,983.00
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Nonpriority Creditor's Name

Attn: Bankruptcy

633 Spirit Dr

Number Street

Chesterfield, MO 63005-1243

City State ZIP Code

When was the debt incurred?

7/1/2011

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

4.40	MOHELA	Last 4 digits of account number	0 0 1 1	\$5,983.00
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Nonpriority Creditor's Name

Attn: Bankruptcy

633 Spirit Dr

Number Street

Chesterfield, MO 63005-1243

City State ZIP Code

When was the debt incurred?

5/1/2011

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.41	MOHELA	Last 4 digits of account number	0 0 1 0	\$5,983.00
	Nonpriority Creditor's Name	When was the debt incurred?	12/1/2010	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.42	MOHELA	Last 4 digits of account number	0 0 0 9	\$5,983.00
	Nonpriority Creditor's Name	When was the debt incurred?	7/1/2010	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.43	MOHELA	Last 4 digits of account number	0 0 2 2	\$5,983.00
	Nonpriority Creditor's Name	When was the debt incurred?	12/1/2011	
	Attn: Bankruptcy			
	633 Spirit Dr	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Chesterfield, MO 63005-1243	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.44	Nordstrom Signature Visa	Last 4 digits of account number	<u>4</u> <u>5</u> <u>3</u> <u>4</u>	\$3.00
	Nonpriority Creditor's Name	When was the debt incurred?	<u>8/1/2023</u>	
	Attn: Bankruptcy			
	PO Box 6555	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Englewood, CO 80155-6555	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.45	Synco/Car Care	Last 4 digits of account number	<u>5</u> <u>5</u> <u>1</u> <u>2</u>	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	<u>1/1/2023</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896-5060	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.46	Synchrony Bank/Brook Brothers	Last 4 digits of account number	<u>1</u> <u>2</u> <u>1</u> <u>2</u>	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	<u>9/1/2010</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896-5060	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.47	Synchrony Bank/TJX	Last 4 digits of account number	<u>8</u> <u>7</u> <u>8</u> <u>6</u>	<u>\$398.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>10/1/2017</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.48	Synchrony Bank/TJX	Last 4 digits of account number	<u>6</u> <u>3</u> <u>9</u> <u>3</u>	<u>\$0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>5/1/2010</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.49	Synchrony Bank/TJX	Last 4 digits of account number	<u>1</u> <u>2</u> <u>8</u> <u>7</u>	<u>\$0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>7/1/2012</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.50	Synchrony Bank/TJX	Last 4 digits of account number	<u>7</u> <u>3</u> <u>6</u> <u>2</u>	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	<u>9/6/2015</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.51	Synchrony Bank/TJX	Last 4 digits of account number	<u>9</u> <u>0</u> <u>6</u> <u>6</u>	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	<u>12/13/2016</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.52	Synchrony Bank/TJX	Last 4 digits of account number	<u>5</u> <u>9</u> <u>3</u> <u>9</u>	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	<u>7/1/2023</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.53	Synchrony Bank/TJX	Last 4 digits of account number	<u>7</u> <u>4</u> <u>8</u> <u>2</u>	<u>\$0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>10/4/2019</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.54	Synchrony Bank/TJX	Last 4 digits of account number	<u>1</u> <u>6</u> <u>5</u> <u>9</u>	<u>\$0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>4/10/2014</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.55	Synchrony Bank/TJX	Last 4 digits of account number	<u>4</u> <u>1</u> <u>5</u> <u>2</u>	<u>\$0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>10/4/2019</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.56	Synchrony Bank/TJX	Last 4 digits of account number	<u>5</u> <u>8</u> <u>6</u> <u>5</u>	<u>\$0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>10/4/2019</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.57	Synchrony Bank/TJX	Last 4 digits of account number	<u>2</u> <u>3</u> <u>7</u> <u>8</u>	<u>\$0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>12/13/2016</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.58	Synchrony Bank/TJX	Last 4 digits of account number	<u>3</u> <u>1</u> <u>4</u> <u>3</u>	<u>\$0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	<u>9/6/2015</u>	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.59	Synchrony Bank/TJX	Last 4 digits of account number	9 7 5 6	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	9/6/2015	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify CreditCard		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.60	Synchrony Bank/TJX	Last 4 digits of account number	6 2 5 0	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	4/10/2014	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify CreditCard		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.61	Synchrony Bank/TJX	Last 4 digits of account number	2 0 6 0	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	4/10/2014	
	Attn: Bankruptcy			
	PO Box 965060	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Orlando, FL 32896	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify CreditCard		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.62	Synchrony Bank/TJX	Last 4 digits of account number	0 0 5 0	\$0.00
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Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 965060

Number Street

Orlando, FL 32896

City State ZIP Code

When was the debt incurred? 4/10/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No☐ Yes

4.63	Third Federal Savings	Last 4 digits of account number	8 2 5 5	\$0.00
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Nonpriority Creditor's Name

Bb&t Credit Dispute Department

Number Street

Wilson, NC 27894

City State ZIP Code

When was the debt incurred? 9/1/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify UnknownLoanType

Is the claim subject to offset?

☒ No☐ Yes

4.64	Walmart Credit Services/Capital One	Last 4 digits of account number	3 5 4 8	\$0.00
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Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 30285

Number Street

Salt Lake City, UT 84130-0285

City State ZIP Code

When was the debt incurred? 11/1/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Sarah Goldstein Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.65	Wells Fargo Bank NA Nonpriority Creditor's Name Attn: Bankruptcy 1 Home Campus MAC X2303-01A 3rd Floor Number Street Des Moines, IA 50328 City State ZIP Code	Last 4 digits of account number <u>0 0 0 1</u> When was the debt incurred? <u>4/1/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>NoteLoan</u>	\$19,027.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.66	Wells Fargo Bank NA Nonpriority Creditor's Name Attn: Bankruptcy 1 Home Campus MAC X2303-01A 3rd Floor Number Street Des Moines, IA 50328 City State ZIP Code	Last 4 digits of account number <u>1 5 0 3</u> When was the debt incurred? <u>8/1/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Sarah

Goldstein

Case number (if known)

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$0.00
		Total claim	
Total claims from Part 2	6f. Student loans	6f.	\$499,885.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$28,412.00
	6j. Total. Add lines 6f through 6i.	6j.	\$528,297.00

Fill in this information to identify your case:

Debtor 1 Sarah Goldstein
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
 First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number
 (if known) _____

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Talno Properties LLC Name c/o Hirsch & Hirsch 2 Bala Plz Ste 300 Number Street Bala Cynwyd, PA 19004-1512 City State ZIP Code	Office Space Contract to be REJECTED
2.2	_____ Name _____ Number Street _____ City State ZIP Code	
2.3	_____ Name _____ Number Street _____ City State ZIP Code	
2.4	_____ Name _____ Number Street _____ City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	<u>Sarah</u>	<u>Goldstein</u>
	First Name	Last Name
Debtor 2		
(Spouse, if filing)	First Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern</u>	District of <u>Pennsylvania</u>
Case number		
(if known)		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

 Name

 Number Street

 City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

 Name

 Number Street

 City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Sarah Goldstein
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number
(if known)

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

☐ Employed ☐ Not Employed

Dentist (Self-Employed)

-

Number Street

Number Street

City

State

Zip Code

City

State

Zip Code

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \$0.00

\$0.00

3. **Estimate and list monthly overtime pay.**

3. + \$0.00

+ \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$0.00

\$0.00

Debtor 1

Sarah

Goldstein

Case number (if known) _____

First Name

Middle Name

Last Name

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$0.00	\$0.00
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$0.00	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: _____	5h.	\$0.00	\$0.00
	+	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			
	8a.	\$6,500.00	\$0.00
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			
	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive			
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			
Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h.	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$6,500.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9.			
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$6,500.00	\$0.00
		+	\$0.00
		=	\$6,500.00
11. State all other regular contributions to the expenses that you list in Schedule J.			
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.			
Specify: _____	11.	+	\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.		\$6,500.00
			Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Debtor 1 Sarah Goldstein Case number (if known) _____
First Name Middle Name Last Name

8a. Attached Statement

Merion Dental Group LLC

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income: _____ \$0.00

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts

TOTAL PAYMENTS TO SECURED CREDITORS _____ \$0.00

3. Other Expenses

TOTAL OTHER EXPENSES _____ \$0.00

4. TOTAL MONTHLY EXPENSES(Add item 2 - 21) _____

\$0.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) _____ \$0.00

Debtor 1 Sarah Goldstein Case number (if known) _____
 First Name Middle Name Last Name

8a. Attached Statement

Sole Proprietorship

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income: \$10,000.00

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$3,500.00</u>	
3. Net Employee Payroll (Other than debtor)	<u>\$0.00</u>	
4. Payroll Taxes	<u>\$0.00</u>	
5. Unemployment Taxes	<u>\$0.00</u>	
6. Worker's Compensation	<u>\$0.00</u>	
7. Other Taxes	<u>\$0.00</u>	
8. Inventory Purchases (Including raw materials)	<u>\$0.00</u>	
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>	
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>	
11. Utilities	<u>\$0.00</u>	
12. Office Expenses and Supplies	<u>\$0.00</u>	
13. Repairs and Maintenance	<u>\$0.00</u>	
14. Vehicle Expenses	<u>\$0.00</u>	
15. Travel and Entertainment	<u>\$0.00</u>	
16. Equipment Rental and Leases	<u>\$0.00</u>	
17. Legal/Accounting/Other Professional Fees	<u>\$0.00</u>	
18. Insurance	<u>\$0.00</u>	
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>	
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts		
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>	
21. Other Expenses		
TOTAL OTHER EXPENSES	<u>\$0.00</u>	
		<u>\$3,500.00</u>

22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) \$6,500.00

Fill in this information to identify your case:

Debtor 1 Sarah Goldstein
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
 First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number
 (if known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

 MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,400.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a.	<u>\$0.00</u>
4b.	<u>\$0.00</u>
4c.	<u>\$0.00</u>
4d.	<u>\$0.00</u>

Debtor 1 **Sarah Goldstein**
 First Name Middle Name Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$400.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$0.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$350.00</u>
6d.	Other. Specify: _____	6d. <u>\$0.00</u>
7.	Food and housekeeping supplies	7. <u>\$950.00</u>
8.	Childcare and children's education costs	8. <u>\$0.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$300.00</u>
10.	Personal care products and services	10. <u>\$400.00</u>
11.	Medical and dental expenses	11. <u>\$350.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$500.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$250.00</u>
14.	Charitable contributions and religious donations	14. <u>\$0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$300.00</u>
15b.	Health insurance	15b. <u>\$325.00</u>
15c.	Vehicle insurance	15c. <u>\$250.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 <u>2020 BMW X3</u>	17a. <u>\$400.00</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1 **Sarah** **Goldstein**
 First Name Middle Name Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. + \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$6,175.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$6,175.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$6,500.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$6,175.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$325.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

Debtor 1	<u>Sarah</u>	<u>Goldstein</u>	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	_____	\$0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	_____	\$27,411.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	_____	\$27,411.00

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	_____	\$9,000.00
---	-------	------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	_____	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+	\$528,297.00

Your total liabilities

\$537,297.00

Your liabilities

Amount you owe

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	_____	\$6,500.00
---	-------	------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	_____	\$6,175.00
---	-------	------------

Debtor 1 Sarah Goldstein Case number (if known) _____
 First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

(\$4,746.12)

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$499,885.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$499,885.00

Fill in this information to identify your case:

Debtor 1	<u>Sarah</u>	<u>Goldstein</u>
	First Name	Middle Name Last Name
Debtor 2 (Spouse, if filing)	<u></u>	
	First Name	Middle Name Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No

☐ Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Sarah Goldstein

Sarah Goldstein, Debtor 1

Date 01/18/2024

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Sarah</u>	<u>Goldstein</u>	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
- ☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income	Gross Income	Sources of income	Gross Income
Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$0.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips	
<input checked="" type="checkbox"/> Operating a business	<u>\$0.00</u>	<input type="checkbox"/> Operating a business	

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1 **Sarah Goldstein** Case number (if known) _____
 First Name Middle Name Last Name

For last calendar year:

(January 1 to December 31, 2023)
 YYYY

☐ Wages, commissions, bonuses, tips

☒ Operating a business \$3,204.25

☐ Wages, commissions, bonuses, tips

☐ Operating a business

For the calendar year before that:

(January 1 to December 31, 2022)
 YYYY

☒ Wages, commissions, bonuses, tips

☒ Operating a business \$7,144.00

☐ Wages, commissions, bonuses, tips

☐ Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

Debtor 1 **Sarah** **Goldstein** Case number (if known) _____
First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 **Sarah Goldstein** Case number (if known) _____
 First Name Middle Name Last Name

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
- ☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Cibik Law, P.C.		
Person Who Was Paid		
1500 Walnut Street Suite 900	12/15/2023	\$4,000.00
Number Street	11/21/2023	\$575.00
Philadelphia, PA 19102		
City State ZIP Code		
mail@cibiklaw.com		
Email or website address		
Debtor and Dental Care Creative Arts and Cosmetics Studio PC		
Person Who Made the Payment, if Not You		

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
- ☐ Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
 (These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 **Sarah** **Goldstein** Case number (if known) _____
First Name Middle Name Last Name

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Sarah Goldstein** Case number (if known) _____
 First Name Middle Name Last Name

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☒ An officer, director, or managing executive of a corporation
- ☒ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Merion Dental Group, LLC

Name

352 Montgomery Ave

Number Street

Merion Sta, PA 19066-1202

City State ZIP Code

Dental Care Creative Arts and

Cosmetics Studio PC

Name

155 W Butternut Rd

Number Street

Hellertown, PA 18055-9712

City State ZIP Code

Describe the nature of the business

Dental Practice

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Name of accountant or bookkeeper

Dates business existed

From 10/25/2023 To 12/03/2023

Describe the nature of the business

Dental Practice

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Name of accountant or bookkeeper

Dates business existed

From 10/01/2021 To Current

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Debtor 1

Sarah

Goldstein

First Name

Middle Name

Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Sarah Goldstein
Signature of Sarah Goldstein, Debtor 1

Date 01/18/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).